U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

State

5. Position in labor organization.

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

ZIP Code + 4 /5222

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U - 436 5	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Scott T MALLEY	Name IRON WORKERS LOCAL #3
,	Labor Organization File Number 0/3-253
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2201 LIBERTY AUE	Street 2201 LIBERTY AVE
City PITTSBURGIA	City PITTSBURGH

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

State

ZIP Code + 4 /5222

 A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signad

n 8/11/03

(412) 227-6767

Telephone Number

Name of Person Filing Scott MALLEY		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	3
8. Name and address of Business (including trade name, if any). Name Boyd - WATTERSON ASSET MOME, Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1801 E. 9THST SUITE 1400 City CLEVELAND State OHIO ZIPCode+4 44114	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name TRON WORKERS OF W. PA, BENEFIT PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing INVESTMENT PENSION - 0	NG. FIRM WELFARE PLAN
Street ZZOI LIBERTY AVE	11.b. Approximate dollar valu	e of such dealing.
City PITSBURGH	12.a. Nature of interest held	I or income received.
State 27 ZIP Code + 4 / 5 2 2 Z	3/28/04 DA AT LEGISL	NNER IN WASHINGTOND.C.
	12.b. Amount.	77.59
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
Name	material and any analysis day, and any analysis day, and any and a superior day, and a	
Trade Name, if any:	To the second se	
P.O. Box, Bldg., Room No., if any	TOTAL MARKET COLUMN	
Street		
City	The state of the s	
State ZIP Code + 4		Above to the second sec
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Scott MALLEY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name WACHOVIA RETIREMENT SERVICES Trade Name, if any: P.O. Box, Bidg., Room No., if any Street AOI S. TRYON ST City CHARLOTTE State N, C, ZIPCode+4 ZBZ38	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name TRON WORKERS OF W., PA, BENEFIT FLANT Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PROFIT SHARING- PLAN RECORD KEEPER
Street ZZOI LIBERTY AVE	11.b. Approximate dollar value of such dealing.
City PITTSBURGH State PA ZIP Code + 4 1522 Z	12.a. Nature of interest held or income received. HOTEL, AIREARE, MEALS-MAY 8TH MAY 9TH 2004 WHILE IN CHARLOTTE TO TOUR WACHOVIA CUSTOMER INFOR- MATION CENITER IN CHARLOTTE N.C.
	12.b. Amount. \$1000, ==
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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Name of Person Filing SCOTT MALLEY		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name TUCKER - ARENSBERG	a. Labor Organizati	ion	
Trade Name, if any:	b. Trust	N.	
P.O. Box, Bldg., Room No., if any Street 1500 PPG PLACE	c. Employer		
Street 1300 PPG PLACE City PITTSBURGH			
State P4 ZIP Code + 4 152 Z Z			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin		montes est est est est est est est est est
Name IRON WORKERS OF W.PA, BENEFIT PLAN	FUND AT	TORNEY	The state of the s
Trade Name, if any:			To the second se
P.O. Box, Bldg., Room No., if any			
Street ZZOI LIBERTY AVE	11.b. Approximate dollar value	of such dealing.	
City PITSBURGH	12.a. Nature of interest held	or income received.	
State P4 ZIP Code + 4 /5 Z Z Z	GOLF OUT	TING 6/4	104
			* TOTAL PROPERTY OF THE PROPER
	12.b. Amount.	Anton nagar ngan kanasa ngan terunggan ngan ngan ngan ngan ngan ngan nga	\$175 %
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			To a second seco
Name	**		The property of the property o
Trade Name, if any:	No.		The control of the co
P.O. Box, Bldg., Room No., if any	EAST OFFI		:

14.b. Amount of payment.

Form LM-30 (2003)

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State

Name of Person Filing SCOTT MALLEY		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	3
8. Name and address of Business (including trade name, if any). Name WACHOVIA RETIREMENT SERVICES Trade Name, if any: P.O. Box, Bldg., Room No., if any Street AOI S. TRYON ST. City CHARLOTTE State N. C. ZIP Code + 4 Z8Z88	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name TRON WORKES OF W. PA. BENKFIT PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZZOI LIBERTY AVE City Pi TTS BURGH State PA ZIP Code + 4 /522 Z	11.b. Approximate dollar valu	e of such dealing.
	12.b. Amount.	\$172.04
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Scott MALLEY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
Street	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	·
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 14.a. Nature of payment. 14.a. Nature of payment. 14.a. Nature of payment.
Name I ROW WORKERS OF W. PA BENEFIT PLANS	DAILY EXPENCES WHILE ATTENDING
Trade Name, if any:	HOTEL, AIRFARE, CONFERENCE FEES DAILY EXPENCES WHILE ATTENDING ANNUAL INTERNATIONAL FOUNDATION CONFERENCE IN NEW ORLEANS
P.O. Box, Bldg., Room No., if any Street 2 ZO1 LIBERTY AVE City PITTSBURGH State PA ZIP Code + 4 15222	11/29/04 - 12/5/04
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$4082.32

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). Name **ROERNER**, COLARUSSO **BROOM P.A.** Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **ONE GATEWAY CTL, 13TH FL. NORTH** City **PITTSBURGH** ZIP Code + 4 **ISZZZ* ZIP Code + 4 **ISZZZ*	
Name KOERNER, COLARUSSO, & BLOOM, P.A. Trade Name, if any: D.O. Box, Bldg., Room No., if any Street ONE GATEWAY CTD, 13 TH FL. NORTH City PITTSBURGH	
10. If 9.b. or 9.c. is checked give trust or employer's name.	
Name IRON WORKERS LOCAL#3 Trade Name, if any: IRON WORKERS P.O. Box, Bldg., Room No., if any	
Street 2201 LIBERTY AVE	
City PITSBURGH 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	arteader-montes per Coloriero del Estabado delibelho d'estab
State PA ZIP Code +4 /5222 CHRISTMAS GIFT OF FOOD 12/17/04	۵
12.b. Amount.	4 00
12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	4 00
C. Received from any employer (other than an employer covered under parts A and B above)	4 99
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment.	4 90
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	4 3
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	4 99